

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 836463 (0)**

1. Corporation Name  
**HPSC, INC.**



Principal Place of Business <b>60 STATE ST. 35TH FL TAX DEPT BOSTON MA 02109-1803 US</b>	Mailing Address <b>60 STATE ST. 35TH FL TAX DEPT BOSTON MA 02109-1803 US</b>
---	---

3. Date Incorporated or Qualified <b>06/02/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>04-2560004</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAHON, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>50 LEE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARBLEHEAD MA</b>	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOHERTY, RAYMOND R.</b>	2.2 NAME	
STREET ADDRESS	<b>242 CROSS STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELMONT MA</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEFEBVRE, RENE</b>	3.2 NAME	
STREET ADDRESS	<b>45 MELANIE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WRENTHAM MA</b>	3.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVERETS, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>72 CHESTNUT ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, DOLLIE</b>	5.2 NAME	
STREET ADDRESS	<b>P. O. BOX 1088 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOCKHART TX</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDUGAL, TOM M.</b>	6.2 NAME	
STREET ADDRESS	<b>108 NORTH COTTONWOOD DRI</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHARDSON TX</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **04/28/97** DAYTIME PHONE: **617-720-3600**

CR2E034 (9/96)